

Box 57  
Berkshire County Council

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# REPORT

OF THE

MEDICAL OFFICER OF  
HEALTH

FOR THE YEAR

1948



Berkshire County Council

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## ADMINISTRATIVE COUNTY OF BERKSHIRE.

## AREA AND POPULATION.

The area of the administrative county of Berkshire is 454,725 acres. In 1948 the estimated civilian population was 276,790 persons, an increase of 48,940 compared with the figure for the last pre-war year, and an increase of 8,040 compared with the previous year.

TABLE I.

	Area in Statute Acres (Land and Inland Water).	Population.	
		Census, 1931.	Registrar-General's Estimate.
			1948.
URBAN DISTRICTS.			
1 Abingdon Borough ...	1,713	7,829	10,410
2 Maidenhead Borough ...	5,007	22,588	26,790
3 Newbury Borough ...	2,612	14,242	17,680
4 New Windsor Borough ...	4,616	20,287	21,780
5 Wallingford Borough ...	760	3,109	3,370
6 Wantage ... ..	2,797	3,793	4,660
7 Wokingham Borough ...	3,386	7,294	8,240
Total ... ..	20,891	79,142	92,930
RURAL DISTRICTS.			
1 Abingdon ... ..	41,225	11,687	22,980
2 Bradfield ... ..	53,008	14,474	19,100
3 Cookham ... ..	24,920	10,271	12,970
4 Easthampstead ... ..	27,034	18,010	21,890
5 Faringdon ... ..	55,726	9,649	11,340
6 Hungerford ... ..	44,817	8,706	9,400
7 Newbury ... ..	41,660	11,110	14,000
8 Wallingford ... ..	21,772	9,464	14,440
9 Wantage .. ..	74,179	11,673	14,230
10 Windsor ... ..	8,665	9,868	11,080
11 Wokingham ... ..	40,828	20,250	32,430
Total ... ..	433,834	135,162	183,860
Administrative County ...	454,725	214,304	276,790

TABLE II.—VITAL STATISTICS FOR ENGLAND AND WALES, 1948.

The following Table, based on figures issued by the Registrar-General, gives the principal vital statistics during the year 1948 for England and Wales, London, the 126 Great Towns, and the 148 Smaller Towns, respectively.

The corresponding figures for the County of Berks are shown for purposes of comparison.

(Provisional figures, based on *Weekly and Quarterly Returns*.)

	Rate per 1,000 population.		Annual crude death-rate per 1,000 population.						Infant mortality per 1,000 live births.
	Live Births.	Still- Births.	All Causes.	Typhoid and Paratyphoid Fever.	Smallpox.	Whooping Cough.	Diphtheria.	Influenza.	
England and Wales ... ..	17.9	0.42	10.8	0.00	—	0.02	0.00	0.03	34
126 County Boroughs and Great Towns including London ...	20.0	0.52	11.6	0.00	—	0.02	0.00	0.03	39
148 Smaller Towns (estimated resident populations 25,000 to 50,000 at Census, 1931) ...	19.2	0.43	10.7	0.00	—	0.02	0.00	0.04	32
London ... ..	20.1	0.39	11.6	0.00	—	0.01	0.01	0.02	31
Berkshire ... ..	17.89	0.33	9.8	0.00	—	—	—	0.03	23.4



## BIRTHS AND BIRTH RATES.

## LIVE BIRTHS.

The numbers of live births, and the birth rates per 1,000 population, for 1948 and the four previous years were :—

	<u>1944</u>	<u>1945</u>	<u>1946</u>	<u>1947</u>	<u>1948</u>
Number of live births, Berks	4,987	4,451	4,806	5,420	4,950
Birth rate per 1,000 population,					
Berks            ...        ...        ...	18·99	17·2	18·27	20·17	17·89

The figures for 1947 probably represent the peak of the post-war increase in births. It will be recalled that there was a similar temporary increase of births after World War I, with a peak in 1920. It is likely that the birth rate will continue to fall for a time, and if the situation before the war is to be taken as a guide we shall be fortunate if a rate of not less than 16 can be continued in the future. The importance of maintaining a sufficient birth rate for the purpose of population replacement needs no emphasis, and to this process the marked reductions in both still-births and the rate of infant mortality that are referred to elsewhere in this Report can make an important contribution.

## STILL-BIRTHS.

The numbers of still-births and the proportion of still-births per 1,000 total births (together with the latter proportion for England and Wales) for 1948 and the two previous years were :—

	<u>1946</u>	<u>1947</u>	<u>1948</u>
Numbers of still-births, Berks    ...    ...	122	118	90
Proportion of still-births per 1,000 total			
births, <i>Berks</i> ...        ...        ...	24·75	21·3	17·9
Proportion of still-births per 1,000 total			
births, <i>England and Wales</i> ...    ...	27·0	23·8	22·9

The registration of still-births began in 1927, and the proportion of still-births in the above table should be considered with the following figures as background. The steady fall in the figures for England and Wales (based on very large numbers) will be observed. There is more to be said on this question, and it is hoped that it may be possible to discuss it further in a subsequent report. Meanwhile, this important cause of death has been approximately halved since just before the recent Great War, and the fall that then began followed what was probably a long period in which the situation had remained more or less stationary. The result is that in 1948 alone in Berkshire the lives of over 100 infants (and for England and Wales as a whole, in the year 1948 alone, the lives of well over 13,000 infants) were saved as compared with what would have happened had not the marked fall in the proportion of still-births not taken place.

Year ...	1934	'35	'36	'37	'38	'39	1940	'41	'42	'43	'44	'45
Still-births/1,000 total births, BERKS ...	39	39	35	34	35	35	31	29	21	23	22	24
Still-births/1,000 total births, England and Wales ... ..	40	41	40	39	39	38	37	35	33	30	28	28

The number of *illegitimate births* was 337 (including 10 still-births), which is 6·7 per cent. of total births, a figure which is still rather high in comparison with many counties, but is considerably lower than the figures that prevailed in the war years.

TABLE III.

	Average live birth-rate per 1,000 estimated population during the ten years, 1938-1947.	Number of live births. <hr/> 1948.
URBAN DISTRICTS.		
1 Abingdon Borough ...	17·86	184
2 Maidenhead Borough ...	14·82	484
3 Newbury Borough ...	15·65	324
4 New Windsor Borough ...	16·70	423
5 Wallingford Borough ...	14·70	58
6 Wantage ... ..	15·41	106
7 Wokingham Borough ...	15·99	146
RURAL DISTRICTS.		
1 Abingdon ... ..	20·51	434
2 Bradfield ... ..	14·28	318
3 Cookham ... ..	15·10	209
4 Easthampstead ... ..	14·94	347
5 Faringdon... ..	18·40	269
6 Hungerford ... ..	17·11	177
7 Newbury ... ..	15·61	238
8 Wallingford ... ..	18·75	272
9 Wantage ... ..	16·92	269
10 Windsor ... ..	15·53	192
11 Wokingham ... ..	16·04	500
Urban Districts ... .	15·85	1,725
Rural Districts ... ..	16·64	3,225
County ... ..	16·37	4,950



## DEATHS.

The total numbers of deaths, the numbers due to the main causes, and the crude death rates during 1948 and the two previous years were as follows :—

<i>Cause.</i>					<i>Number of deaths.</i>		
					<u>1946</u>	<u>1947</u>	<u>1948</u>
All causes ...	...	...	...	...	2,959	3,131	2,716
Heart disease ...	...	...	...	...	788	884	765
Cancer ...	...	...	...	...	515	506	501
Intra-cranial vascular lesions ...				...	320	391	315
Bronchitis and pneumonia ...				...	206	238	201
<i>Crude death rate per 1,000</i>							
<i>population</i> ...	...	...	...	...	11.25	11.65	9.82

The crude death rate for 1948 was by far the lowest that has ever been recorded in the county, and represents a very significant fall, even when allowance is made for the fact that we are dealing with crude rates without correction for the age-distribution of the population.

The increase in the number of deaths in 1947 as compared with 1946 is apparent in the table given above. The significance of this cannot be demonstrated by means of figures for a single pair of years in a population as relatively small as that of Berkshire. But that there *is* a significant retrogression in 1947 can be shown by considering the figures in relation to those for England and Wales as a whole, complete data being now available for this purpose. These figures show, in 1947, a highly significant retrogression in the national death rate, and the death rates at ages show that this retrogression involved, in particular, young children and persons over 65. It is also apparent that the increase in deaths during 1947 was almost entirely confined, among the age-groups just referred to, to the first quarter of the year, and to those main non-specific causes of death that show a seasonal fluctuation and an increase during the cold weather, and it must be remembered that this group includes heart disease, which is still the most important cause of death. The quite exceptionally cold weather of the first quarter of 1947 will be remembered. Meteorological data show that the mean temperature at Greenwich for the first quarter of 1947 fell further below the average for first quarters than that of any other year in the present century. It is clear that the figures for Berkshire given in the table above (and in Table IV) are in accordance with the national figures ; and for the latter, in view of their order of magnitude and of the fact that they are sufficiently detailed (particularly in regard to sub-division for age), tests of significance are not at a loss. There is now such a marked tendency for the death-rate to improve that it takes an exceptional year to cause a really definite increase in the rate. The year 1947 was such a year. Indeed, the national figures make it clear that the mortality during the *first quarter of 1947* was so markedly raised as to obscure completely the fact that mortality during the *second half* of that year was lower than that for the second half of either 1946 or 1948. But the mortality in the first quarter of 1948 (a period having one of the highest mean temperatures for a first quarter for several years) showed such a very marked reduction as to confer on the year 1948 as a whole a death rate for England and Wales that reached a new low record for every age-group.

Finally, it may be observed that influenza deaths in the county for the three years 1946-48 were respectively 36, 28 and 11. Again reference should be made to national figures, which give death-rates per 1,000 population from this cause during the three years of 0·15, 0·09 and 0·03 respectively. This is a *specific* cause of death, in which a main component is the presence of one or other of the strains of infective virus and not so much a climatic or other environmental factor.

If there is a lesson to be drawn from the mortality of these three years it is that every possible care should be taken of infants and of the over 60's in regard to protection in the face of extreme cold, and in regard to the prevention of the spread of non-specific upper respiratory infections. The common cold may well be an important precipitating factor in such persons in such conditions, and those of less vulnerable ages should remember that to cover the mouth with a handkerchief for "coughs and sneezes" may well save a life among their very young or elderly friends or relatives, by avoiding that *mass infection* which may overwhelm these more vulnerable members of the community.

Owing to the recent war there has been no census since 1931. It is hoped and expected that one will be carried out in 1951, and it will then be possible to make out the significant changes in the mortality of the county during recent years.

TABLE IV.  
DEATH RATE.

	Average annual crude death- rate per 1,000 estimated population during the ten years, 1938-1947.	Number of deaths. 1948.
URBAN DISTRICTS.		
1 Abingdon Borough ...	11·85	99
2 Maidenhead Borough ...	12·53	294
3 Newbury Borough ...	12·68	183
4 New Windsor Borough ...	13·03	202
5 Wallingford Borough ...	12·96	30
6 Wantage ... ..	13·83	64
7 Wokingham Borough ...	15·93	119
RURAL DISTRICTS.		
1 Abingdon ... ..	9·22	169
2 Bradfield ... ..	11·18	204
3 Cookham ... ..	10·77	123
4 Easthampstead ... ..	11·51	209
5 Faringdon... ..	11·38	105
6 Hungerford ... ..	13·07	95
7 Newbury ... ..	11·36	141
8 Wallingford ... ..	9·38	118
9 Wantage ... ..	12·10	130
10 Windsor ... ..	12·60	118
11 Wokingham ... ..	10·67	313
Urban Districts ... ..	13·00	991
Rural Districts ... ..	11·05	1,725
County ... ..	11·72	2,716

# INFANT MORTALITY.

<i>Berkshire.</i>	<u>Year 1946</u>	<u>Year 1947</u>	<u>Year 1948</u>
Deaths of infants under one year ... ..	169	161	116
Infant mortality rate (deaths of infants under one year per 1,000 live births in the same period) ... ..	35.2	29.7	23.4

The rate of infant mortality for the county is by far the lowest ever recorded. Reference to national figures shows that this has been the general experience in the country at large ; the infant mortality rate for England and Wales for 1948 was 34, a new record. The figures for Berkshire from year to year show wider swings, due to chance alone, than do the national figures, because of the relatively small numbers of deaths upon which the Berkshire rate is based. It is probable that this chance element has added something to the fall in the Berkshire figure for 1948 and it is likely that the rate for the following year will be affected in the opposite direction in this respect, so as to produce a more or less stationary, or even a rising, figure. But these relatively minor fluctuations due to chance are merely superimposed on a curve that continues to fall in a very satisfactory manner.

The relatively refractory character of the death rate among infants under one month of age (the *Neonatal Death Rate*) has long been remarked. The main cause of this is that prematurity and congenital malformation have been less reduced as causes of infant death than have the other components of infant mortality as is shown by the following figures for Berkshire :

Period.	(a) NEONATAL DEATH RATE.  Deaths of infants under one month of age, per 1,000 live births.	(b)  Deaths of infants over one month, and under one year, of age, per 1,000 live births.	(c)  The rates shown under (a) and (b) as per cent. of the rates for 1906-1910.	
			(a)	(b)
Years 1906-10	33.6	44.5	100	100
Years 1947-48	16.2	10.5	48	24

Period.	(d)	(e)	(f)	
	Infant Mortality Rate due to premature birth.	Infant Mortality Rate due to causes other than premature birth.	The rates shown under (d) and (e) as per cent. of the rates for 1906-1910.	
			(d)	(e)
Years 1906-10	16.6	61.5	100	100
Years 1947-48	6.8	19.9	41	32

TABLE V.  
INFANT MORTALITY.  
(per 1,000 live births).

					Average Rate, 1938-1947.	Number of deaths.
						1948.
URBAN DISTRICTS.						
1	Abingdon Borough	...	...	...	29.29	5
2	Maidenhead Borough	...	...	...	49.06	10
3	Newbury Borough	...	...	...	34.86	5
4	New Windsor Borough	...	...	...	42.87	12
5	Wallingford Borough	...	...	...	49.21	—
6	Wantage	...	...	...	33.76	2
7	Wokingham Borough	...	...	...	28.74	5
RURAL DISTRICTS.						
1	Abingdon	...	...	...	31.42	8
2	Bradfield	...	...	...	41.42	7
3	Cookham	...	...	...	35.77	4
4	Easthampstead	...	...	...	35.85	8
5	Faringdon	...	...	...	26.17	7
6	Hungerford	...	...	...	37.39	5
7	Newbury	...	...	...	36.81	6
8	Wallingford	...	...	...	37.00	10
9	Wantage	...	...	...	37.71	6
10	Windsor	...	...	...	39.38	5
11	Wokingham	...	...	...	33.03	11
Urban Districts					39.94	39
Rural Districts					35.17	77
County					36.74	116



## MATERNAL MORTALITY.

The numbers of deaths in the county from sepsis and from causes other than sepsis during the year 1948 and the two previous years were respectively :

	<u>1946</u>	<u>1947</u>	<u>1948</u>
Numbers of deaths from sepsis ...	1	Nil	1
Numbers of deaths from causes other than sepsis ... ..	5	3	2

In 1947, for the first time, there was no death from sepsis, but there was again a death from this cause in 1948. The rate of maternal mortality for *causes other than sepsis*, however, was in 1948 the lowest ever recorded. There were as few deaths from causes other than sepsis in a year as far back as 1930, but there were in that year very many fewer births, so that the mothers at risk were then far fewer ; this low number of deaths for 1930 is therefore of considerably less significance, and the rate of maternal mortality from causes other than sepsis was higher in 1930 than the new low record now set up by the year 1948. A number of administrative counties of considerable population size have now succeeded in going through a whole year without a single maternal death. This has not yet been attained in Berkshire, although the county's vital statistics in general remain among the very best in the country. It must be borne in mind also that the numbers of maternal deaths in the county each year are now so small that the calculation of rates for a single year is of little value, since such rates necessarily undergo relatively large fluctuations from year to year, by reason of chance alone. The following table gives a true indication of the trend in recent years that has resulted from the improvement in public health and medical services, and possibly also from the improvement in the nutritional standards of the population at large, and of expectant mothers in particular :—

TABLE VI.

## MATERNAL MORTALITY, 1934 TO 1948, BERKSHIRE AND ENGLAND AND WALES.

Quin- quennium.	Maternal Mortality Rate per 1,000 total births.				Maternal Mortality Rate as per cent. of that for 1934-38.			
	SEPSIS		OTHER CAUSES		SEPSIS		OTHER CAUSES	
	Berks.	England and Wales.	Berks.	England and Wales.	Berks.	England and Wales.	Berks.	England and Wales.
1934-38 ...	1.47	1.57	2.38	2.27	100	100	100	100
1939-43 ...	0.53	0.83	1.69	1.83	36	53	71	81
1944-48 ...	0.32	0.37	0.83	1.08	22	24	35	48

## PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

## DIPHTHERIA.

In 1946, for the first time since records were begun well over 100 years ago, there was no death from diphtheria in the county. There was a single death from the disease in 1947, *but in 1948 there was again no death from this cause.*

The number of notified cases of diphtheria during 1948 showed a striking fall, being only 2, compared with 41 in 1946 and 18 in 1947.

These figures for 1948 (no deaths and only 2 notified cases) must be considered with the fact that as recently as the year 1909 the annual number of notified cases in the county was nearly 300, and there were in that year no less than 40 deaths. The practice of immunisation is now demonstrating what has long been made clear in many cities of Canada and America, that diphtheria can be prevented by immunisation.

The arrangements made by the County Council during 1947 for immunisation to be carried out by medical practitioners were further developed during 1948, and these arrangements were continued, after 4th July of the latter year, under the National Health Service Act. The numbers of cases immunised by practitioners were :—

From 1st January to 4th July, 1948	...	...	1,635
„ 5th July to 31st December, 1948	...	...	2,401

In addition, the numbers of cases immunised at clinics were :—

From 1st January to 4th July, 1948	...	...	349
„ 5th July to 31st December, 1948	...	...	226

The total number of immunisations carried out during the year, under arrangements for which the County Council was responsible, was therefore 4,611, of which just over 90 per cent. were *primary immunisations*.

## SCARLET FEVER.

There were 194 notified cases, of which 110 were removed to hospital. As in the previous year, there was no death from the disease.

In the Report for 1946-47, special reference was made to the disadvantages of removal to hospital in cases of scarlet fever (unless there be special public health reasons), and to the reasons why removal to hospital has little or no effect in controlling the number of cases.

## OTHER NOTIFIABLE DISEASES.

Particulars of cases and deaths from other notifiable diseases will be found in Tables X and XII. It will be observed that the number of cases of whooping cough fell, and that there was no death from this disease, compared with 9 deaths in 1947. Cases of measles continued to rise, and there was a single death, as in 1947.

## VACCINATION AGAINST SMALLPOX.

No cases of smallpox were notified in England and Wales during 1948 (as compared with 77 in the previous year), and there was therefore no repetition of the considerable amount of work in regard to the supervision of contacts that arose in 1947.



Under Section 26 of the National Health Service Act, 1946, the Council, as Local Health Authority, became responsible for providing vaccination against smallpox, by making arrangements for this purpose with general medical practitioners. The arrangements made were modelled on those that had been introduced by the Council in 1947 in regard to immunisation against diphtheria, and a record card of very similar design was introduced for use by practitioners in cases of vaccination. Under the new Act vaccination became no longer compulsory, and some misgiving was expressed by many on this point. It is undeniable that there were good reasons for changing a law that had so long been honoured (in effect) more in the breach than in the observance, and it will be some time before the true situation under the new conditions will become clear. Meanwhile, the responsibility of the Authority is evident, and every effort will have to be made, particularly through the Health Visitors, to secure that every infant is vaccinated against smallpox. The number of *primary vaccinations* carried out by practitioners, under the arrangements referred to, between 5th July and 31st December, 1948, was 915, and, in addition, there were 215 *re-vaccinations*. Plans were also made to provide for vaccination on a large scale in the event of the occurrence of actual cases of smallpox.

#### POLIOMYELITIS, 1948.

The number of cases notified was 16, and there were 4 deaths from this disease. Reference to Table XII shows the age-distribution of these deaths, and in considering these figures two facts should be borne in mind : (a) this disease is no longer justly named "infantile" paralysis, and there is an increasing tendency for it to attack older persons ; and (b) the fatality of the disease increases considerably with the age of the patient.

The age-distribution of the 16 notified cases was as follows :—

Age ...	0—	5—	10—	15—	20—	30—	40—	Over 50.
Number of cases ...	4	2	1	3	3	1	1	1

Table X shows the geographical distribution of the 16 notified cases. The attack-rate (cases per 1,000 population) was 0·06, which was also the figure for South-East England. The number of deaths (3) was the number that would be expected had Berkshire suffered in 1948 the same poliomyelitis death-rate as South-East England, and not significantly different from the 4 that would be expected if Berkshire had experienced during the year the death-rate from this disease of the aggregate of urban and rural districts (which excludes County Boroughs and Greater London, and is broadly equivalent to the administrative counties). There were also 5 deaths in Berkshire during the year from *acute infectious encephalitis*. Some of these *may* have been due to poliomyelitis, but even on the assumption that all had been due to the latter disease there is no *statistically significant* difference between the possible deaths from poliomyelitis (8) and the expected figure of 4 referred to above. Poliomyelitis continued to bear more heavily on rural than on urban areas, and the administrative counties are second only to the rural districts themselves in regard to the incidence of this disease.

All that can be said, therefore, is that in the country as a whole there continued to be indications during 1948 that "polio" on a much increased scale has come to stay for the present at any rate (and this must involve also the expectation that a repetition of the experience of 1947 is by no means unlikely in succeeding years) and that during 1948 the disease in Berkshire was about as bad as it was in other similar types of area. In the last Report reference was made to the precautions that can be taken in order to limit as far as possible the spread of the disease and to prevent the individual case, and it might be worth while to set these out again here :—

- (a) It is essential to treat minor indisposition seriously during an epidemic, *particularly if associated with headache*, and in children. It is usual for the onset of paralysis to be preceded by a period of such indisposition lasting from a day or two to a week. In the early part of this phase, at any rate, the evening temperature is almost invariably raised. The amount of exercise taken in this phase probably determines the extent and degree of paralysis, and rest in bed during this first stage of the disease is probably the greatest single factor in the outlook.
- (b) Even though infection is widespread in the community, the enormous majority of persons picking up the infection develop very slight symptoms, if any, and in these persons the virus probably does not penetrate to the nervous system so as to entail a risk of paralysis.
- (c) Crowded places, especially in confined spaces, should be avoided.
- (d) In view of the fact that the disease may spread, in rare cases, by faecal contamination the proper toilet of the hands (which is always necessary and even more important from the point of view of other infections) should be rigorously applied.
- (e) For the same reason, the contamination of food by flies should be avoided by all possible means.

#### LABORATORY SERVICES.

The Public Health Laboratory Service continued to develop its work throughout the year, and the laboratories at Oxford and Reading rendered invaluable assistance to Medical Officers of Health in connection with the investigation of outbreaks, or of individual cases, of infectious disease. Of special value, on occasion, are the Reference Laboratories of the Service. To these bacteriological cultures may be referred for certain more specialised investigations, and this proves of particular value in regard to the *Typing* of streptococci and staphylococci, for this process is generally of cardinal importance in tracing back a particular strain of organism to its source, and by the identification of such a source (generally a human "carrier") a persistent cause of trouble may be removed, or at least kept under control. The method of *Typing* finds its most impressive use, perhaps, in tracing back the "chain of infection" in cases of typhoid fever, but these cases are rare at the present time in most areas of the country.

#### TUBERCULOSIS

(and see also Care and After-Care, p. 27).

The numbers of primary notifications received during the year under the Public Health (Tuberculosis) Regulations, 1912, are shown in the

following table, together with the corresponding figures for the previous eight years :—

TABLE VII.  
TUBERCULOSIS.  
ANNUAL NUMBER OF NOTIFICATIONS RECEIVED SINCE 1940.

Year	Pulmonary.	Non-Pulmonary.	Total.
1940	246	86	332
1941	236	90	326
1942	283	105	388
1943	258	80	338
1944	330	89	419
1945	257	89	346
1946	272	84	356
1947	264	53	317
1948	245	77	322

The number of deaths from all forms of tuberculosis during the year was 99, compared with 94 and 111 in 1946 and 1947 respectively. An analysis of these figures in relation to site of disease is given in Table IX.

The death-rates per 100,000 population from pulmonary and non-pulmonary tuberculosis respectively for the three-year period 1946-48 are shown in the following table, together with comparable figures for certain periods preceding. The *number of deaths from non-pulmonary tuberculosis* in 1948 is the lowest that has ever been recorded, and the resulting death-rate constitutes again a new low record. The death-rate for *pulmonary tuberculosis* per 100,000 population for 1948 is 31, compared with 36 in 1947 and 30 (the present lowest rate for the county) in 1946. But the figures for a single year, owing to their small size, cannot be used to demonstrate significant changes in relation to those for the two or three years immediately preceding or following, although the very substantial improvement that has occurred can be clearly seen from the figures in the table that follows. The corresponding rates for 1948 for England and Wales as a whole are 44 for pulmonary tuberculosis and 6·7 for non-pulmonary.

TABLE VIII.  
CRUDE DEATH-RATE FROM TUBERCULOSIS PER 100,000  
POPULATION.

PULMONARY TUBERCULOSIS.			NON-PULMONARY TUBERCULOSIS..		
Quinquennium, 1906-10	...	87	Quinquennium, 1906-10	...	24
Quinquennium, 1941-45	...	36	Quinquennium, 1941-45	...	11
Triennium, 1946-48	... ..	32·5	Triennium, 1946-48	... ..	5·1



TABLE IX.  
NEW CASES OF, AND DEATHS FROM, TUBERCULOSIS,  
ACCORDING TO AGE.  
YEAR 1948.

Age Group.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 —	—	—	—	—	—	—	1	—
1 —	2	7	12	11	—	—	—	3
5 —	7	5	25	17	—	2	2	—
15 —	108	103	8	10	21	27	2	2
45 —	34	12	—	3	21	9	1	—
65 and upwards	7	1	—	1	5	2	—	1
Totals	158	128	45	42	47	40	6	6

INSTITUTIONAL TREATMENT (*up to 5th July, 1948*).

Treatment was provided by the County Council in the following institutions :—

Berks and Bucks Joint Sanatorium, Peppard Common.

Number of adult cases admitted	...	...	...	49
„ „ „ „ discharged	...	...	...	38
„ „ children admitted	...	...	...	7
„ „ „ discharged	...	...	...	5

Abingdon Sanatorium.

Number admitted	...	...	...	18
„ discharged	...	...	...	19

Although these hospitals took most of the cases requiring admission, many cases had to be admitted to other hospitals, particularly the Radcliffe Infirmary, Oxford, the general hospitals in Reading and the administrative county, and (for non-pulmonary cases) the Wingfield-Morris Orthopaedic Hospital. In spite of every effort the available hospital accommodation continued to fall very seriously short of the need, and a substantial waiting list has continued to exist. This is, of course, a nation-wide problem, but it is one of great gravity in regard to both the amelioration of the individual case and the control of the disease. To meet this situation, the Tuberculosis Officer and his staff have had to exercise great care in selecting cases for admission. They have also carried out a very considerable amount of work in visiting patients in their own homes, as the following figures show :—

CONSULTATIONS, DOMICILIARY VISITING (*up to 5th July, 1948*).

Number of consultations by Tuberculosis Officer with practitioners :

Personal	...	...	...	...	...	...	...	27
Other	...	...	...	...	...	...	...	611

Number of home visits by—

Tuberculosis Officer	...	...	...	...	...	1,501
Tuberculosis Nurses	...	...	...	...	...	1,470

## TUBERCULOSIS DISPENSARIES.

Number of new cases examined	...	...	...	...	812
„ „ contacts examined	...	...	...	...	398
Of new cases and contacts examined :—					
Number diagnosed as tuberculous	...	...	...	...	210
„ „ not tuberculous	...	...	...	...	991
„ kept under observation	...	...	...	...	9
Total attendances at dispensaries	...	...	...	...	2,236

## RADIOLOGICAL AND BACTERIOLOGICAL EXAMINATIONS.

Number of X-ray examinations	...	...	...	...	1,846
„ „ bacteriological examinations of sputum	...	...	...	...	394
—of which, positive	...	...	...	...	87

## COLLAPSE THERAPY.

The number of artificial pneumothorax refills up to 5th July, 1948, was 1,492.

## CARE OF MOTHERS AND YOUNG CHILDREN.

## INFANT WELFARE CENTRES.

Up to the coming into operation of the National Health Service Act, 1946, Infant Welfare Centres were provided throughout the county by local voluntary committees, who arranged the attendance of a local medical practitioner, and the County Council made an annual grant to each such Centre as well as providing for the attendance of a Health Visitor at each session. Under the new Act it was proposed that everything possible should be done to encourage the continued interest of these committees and of their invaluable voluntary workers at the Centres, although the Council became responsible for all necessary expenditure at such Centres. At the end of the year there were 59 Infant Welfare Centres in the county under the arrangements described above, and the Council became directly responsible, as Welfare Authority for the whole of the county, for 5 Centres at Maidenhead, Newbury and Windsor. During the year, 2 new Centres were opened, at Radley and Ashbury respectively.

The numbers of children attending Infant Welfare Centres during 1948 were :—

	<i>1st January to 4th July.</i>	<i>5th July to 31st December.</i>
Number of children attending for the first time	1,276	1,556*
Total attendances of children	16,911	25,951*

\* Including Centres at Maidenhead, Newbury and Windsor.

## DAY NURSERIES.

The Day Nursery at Lydalls Road, Didcot (taking 40 children, including infants) continued to work to capacity throughout the year, and on 5th July, 1948, the Council became directly responsible for the conduct of The Lawns, Windsor, which has accommodation for 50 children.

## CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

(a) The field work for this purpose is carried out by the workers of the Oxford Diocesan Moral Welfare Association, to which the Council again paid a substantial grant. All cases coming to the attention of the Public Health Department are referred to the Workers of the Association in the first instance.

(b) Institutional accommodation is provided in two ways by the Council. The ordinary short-stay cases are admitted to any one of a number of voluntary homes, the Council paying 75 per cent. of the ascertained cost, less any contribution of the mother. For the long-stay cases, in which the mother desires to keep her child, and in which a high degree of rehabilitation and improvement, in the social sense, seems to be possible, the Council provides Burnell House, Windsor (18 mothers with their infants). Here cases are normally retained for two years, and very good results have been obtained in regard to the rehabilitation of the mother, and the special hazards that normally jeopardise the life and health of the illegitimate infant are removed.

(c) Special care is provided for all those illegitimate infants who live in ordinary households, and the Health Visitors are required to keep each case under special and close supervision, and to send in reports on each. Every effort is made to enlist the help of such social agencies as may be appropriate to the individual case.

## DENTAL CARE.

Local Health Authorities are required, under Section 22 of the National Health Service Act, 1946, to make arrangements for "the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a local education authority." The County Council had for some years allowed patients within these categories to make use of its School Dental Clinics. Thus, in the year 1947, 379 children under five received dental treatment. But it was clear that the intention of the new Act was that there should be provided a more or less comprehensive dental service that should be offered to all persons within the two priority classes mentioned in the Act. It was natural, therefore, that the Council should seek to meet the new duty by the expansion of its School Dental Service. It was therefore proposed that an additional two Assistant School Dental Officers be appointed, and that each of the dentists on the school dental staff (a total of 10, with the 2 to be added) should do some of the additional work for mothers and young children, so that the equivalent of two dentists should be engaged in treating the two new priority classes.

The Senior School Dental Officer (Mr. O. Jacob) reports as follows :—

"It is unfortunate that the new arrangements proposed for mothers and young children should have been introduced at a time when the school dental staff in Berkshire was already much below strength.



Moreover, as soon as the National Health Service Act, 1946 came into effect the relatively good prospects in private dental practice rendered the recruitment of additional dentists to the Council's service well nigh impossible. Even so, every possible effort was made to deal with those expectant mothers and young children that applied for treatment, and the following table shows the numbers of cases treated in various categories during the year. It is not possible to separate these figures in respect of cases treated before or after 5th July, 1948, since arrangements for the dental treatment of mothers and young children had been made through the Council's School Dental Service before that date, but it is estimated that half the cases under each head were treated after 5th July."

	Number examined.	Number requiring treatment.	Number treated.	Number made dentally fit.	Extractions.	Anaesthetics.		Fillings.	Sealings and/or Gum Treatment.
						Local.	General.		
Expectant and Nursing Mothers	22	22	22	22	20	14	4	42	1
Children under 5 years	214	214	214	214	135	54	41	217	70

#### MIDWIFERY, HOME NURSING AND HEALTH VISITING.

In view of the changes that have been brought about by the National Health Service Act, 1946, it is convenient for many purposes to consider these three services together. In Berkshire a district nursing and midwifery service of very high quality has been built up by the Berkshire County Nursing Association, and its constituent Local District Nursing Associations. In carrying out its duty as Local Supervising Authority under the Midwives Acts, the County Council had made use of the services of this nursing service on an agency basis. In addition, a large part of the Health Visiting work of the Council has been effected through these same district nurses, a considerable number (and an increasing proportion) of whom hold the Health Visitor's Certificate, although full-time Health Visitors are employed in the three Boroughs of Maidenhead, Newbury and Windsor, and in a few other urban areas, and there is also a small number of Health Visitors on the staff of the Public Health Department.

Under the new Act, the obligations of the County Council in the nursing field are no longer confined to ensuring (as Local Supervising Authority under the Midwives Acts) that there is a sufficient number of domiciliary midwives in its area ; it now becomes necessary for the Council to provide also for the domiciliary nursing of the sick. This alters the whole relation of the Council to these services, for it now becomes responsible for providing a complete domiciliary nursing service. In view of this it was decided, in consultation with the County and Local Nursing Associations, that the County Association should be merged with the Council's sub-committee that was to deal with the nursing service by co-opting on to the sub-committee a number of members of the County Association. (Later it was decided

that the Association should also continue an independent existence for the purpose of administering its private funds, and such private funds as Local Associations cared to contribute to the central fund; it was intended that a main function of the funds so made available should be to provide pensions for certain of the older nurses who might be in need in their retirement, and for certain other suitable purposes to be decided.) It was also decided that everything should be done to encourage the continuance of the Local Associations, in order that they should continue to interest themselves in the welfare of the nurses and in the local efficiency of their nursing service, and so that the County Council should be able to obtain useful advice on these matters. Arrangements were also made for the district nurses to be employed direct by the County Council, and for the Superintendent Staff to become a section of the County Public Health Department, and accommodation was made available for the latter in the central office.

The changes described above were effected with gratifying ease. This was due to the excellent relations that had been built up through the years between the County Council and the County and Local Nursing Associations, and this good relation in turn was due very largely to the efforts of the Dowager Lady Mount, O.B.E., who had been for many years Chairman of the County Association, and who became in more recent years Chairman of the County Health Committee also. It is also due to her efforts and those of the many other members of the County and Local Nursing Associations that the domiciliary nursing service of the county was one that had no superior anywhere else in the country.

It was also decided that the County Council should become an affiliated member of the Queen's Institute of District Nursing, for a high proportion of the nurses in the districts of the county were Queen's Nurses, and it was considered that the Institute, with its honourable history and long experience, was of the greatest value in training district nurses, and in giving to such nurses a sense of vocation in this important branch of nursing.

#### MIDWIFERY.

The County Council had been Local Supervising Authority for the whole County under the Midwives Acts before the coming into operation of the National Health Service Act, 1946, and continued to be so as Local Health Authority under the latter Act.

At the end of 1948, 141 midwives were practising in the county area. Of these, 90 were engaged in domiciliary midwifery practice and 51 were employed in either general hospitals or nursing homes.

The following tables show the numbers of cases attended by midwives in the area of the Local Supervising Authority :—

(a) *During the period 1st January, 1948, to 4th July, 1948:—*

	<i>Midwives.</i>	<i>Domiciliary cases.</i>
1. Employed by the Council :		
As Midwives ... ..	69	
As Maternity Nurses ... ..	6	
2. Employed by Voluntary Associations under arrangement with the Local Supervising Authority in pursuance of Section 1 of the Midwives Act :		
As Midwives ... ..	798	
As Maternity Nurses ... ..	274	

*Midwives.**Domiciliary cases.*

## 3. In private practice :

As Midwives ... ..	7
As Maternity Nurses ... ..	4

*Totals :*

As Midwives ... ..	874
As Maternity Nurses ... ..	284

(b) *During the period 5th July, 1948, to 31st December, 1948 :—*

	Domiciliary Cases.		Cases in Institutions.		Total.	
	As Mid-wives. (1)	As Maternity Nurses. (2)	As Mid-wives. (3)	As Maternity Nurses. (4)	As Mid-wives. (5)	As Maternity Nurses. (6)
(1) Midwives employed by the Authority ...	752	200	—	—	752	200
(2) Midwives employed by Voluntary Organisations—						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act ...	17	7	—	—	17	7
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ...	—	—	451	234	451	234
(4) Midwives in Private Practice (including Midwives employed in Nursing Homes) ...	5	1	77	266	82	267
TOTALS ...	774	208	528	500	1,302	708

## ANTE-NATAL SERVICE.

The Council's arrangements for the provision of free ante-natal examinations by a medical practitioner continued up to the 5th July, 1948, when the new arrangements under the National Health Service Act, 1946 came into operation. The former arrangements provided for three medical examinations during pregnancy in each case, and 994 patients were examined up to 5th July, 1948. After that date ante-natal care by medical practitioners became available to all expectant mothers as part of the National Health Service,



and there was also provided as part of that Service the attendance of a medical practitioner for the confinement in all maternity cases in which such attendance was considered by either the midwife or by the practitioner himself to be necessary on medical grounds.

The arrangements referred to above do not, of course, reduce the importance of the ante-natal work that is carried out by the midwife herself, who must maintain a close and continuous watch on all her patients during their pregnancy. In 1946 the Council had made provision for supplying 50 blood-pressure apparatuses to midwives for use in their ante-natal work ; 17 apparatuses were supplied in 1947 and 6 in 1948. Midwives were urged to keep in touch with maternity patients in their districts who were booked to go into hospital for the confinement ; in such a case the patient may possibly go into labour in her own home and be delivered there before removal to hospital can be carried out. In such cases it is of the greatest importance that patient and midwife should be known to each other, and that the midwife should know something of the patient's history, of her ante-natal condition, and of any special obstetric features of the case that may have a bearing upon the conduct of the confinement.

During 1948 district midwives made 19,501 ante-natal visits to their maternity patients, and compiled full records in all these cases.

Ante-natal clinics were held at :—

The Warren Hospital, Abingdon. (Commenced 14th April, 1948.)  
 The Cottage Hospital, Faringdon. (Commenced 1st March, 1948.)  
 The Wilderness, Cookham Road, Maidenhead.  
 Greenham House, Newbury.  
 The Clinic, Victoria Street, Windsor.  
 The Radcliffe Infirmary, Oxford.  
 Star Lane Clinic, Reading.

#### POST NATAL EXAMINATIONS.

Up to 5th July, 671 patients were medically examined under the Council's arrangements. After that date, post-natal examinations became part of the general practitioner maternity service under the National Health Service, and all maternity patients were entitled to such an examination as part of that Service.

#### GAS-AIR ANALGESIA.

In July, 1947, 13 of the 73 district midwives in the county were qualified in gas-air analgesia and 10 apparatuses were in use. At 31st December, 1948, the number of midwives qualified in this way had risen to 38, and the number of apparatuses in use to 26.

The number of domiciliary maternity cases receiving gas-air analgesia during 1948 was 425.

#### PROVISION FOR THE SERVICES OF A CONSULTANT.

The services of an obstetric consultant free of cost to the patient continued to be provided by the Council up to 5th July, 1948, when this provision was taken over by the general hospital service under Part II of the National Health Service Act, 1946. Up to that date 3 such consultations were held, compared with 10 in 1946 and 3 in 1947.

#### MATERNITY HOSPITALS.

These were taken over by the general hospital service on 5th July, 1948, under Part II of the National Health Service Act, 1946. Up to that date,

the Council continued to provide hospital treatment for complications of pregnancy and labour, and the numbers of cases admitted to the various hospitals *up to 5th July* under the Council's arrangements were as follows :—

Radcliffe Infirmary	...	...	...	...	30
Royal Berkshire Hospital	...	...	...	...	106
Swindon Maternity Home	...	...	...	...	9
Warren Hospital, Abingdon	...	...	...	...	3
Canadian Red Cross Memorial Hospital, Taplow	...	...	...	...	1
					149

After the coming into operation of the National Health Service Act, 1946, the number of maternity beds available in the county continued to be insufficient to accommodate all the maternity patients who desired to have their confinements in hospital. Arrangements were therefore made by Regional Hospital Boards for Medical Officers of Health of Local Health Authorities to investigate the domiciliary circumstances of all maternity patients who applied for a hospital confinement (excluding, of course, those requiring such confinement on purely obstetric grounds), in order that the available beds should be used only for cases in which the home circumstances rendered confinement in the home genuinely impossible. Under these arrangements, 461 applications were investigated by the staff of the County Public Health Department between 5th July, 1948, and the end of the year.

#### PUERPERAL PYREXIA.

During the year 25 cases were notified, 18 of which were admitted to hospital. No death occurred. All the cases were investigated in detail and reported upon by the Superintendent Nursing staff, who also gave suitable advice on preventive measures.

#### OPHTHALMIA NEONATORUM.

The number of cases notified was 16, of which 2 were admitted to hospital. In no case was there impairment of vision as a result of the infection and all cases underwent a satisfactory resolution. The introduction of the sulphonamide drugs, and of the antibiotics (in particular, penicillin) has revolutionised the control of these cases, and a satisfactory outcome is now almost assured in every case, provided that recognition of the case is not delayed, and here the work of the midwife is of paramount importance.

#### STERILIZED MATERNITY OUTFITS.

The number of outfits supplied to necessitous domiciliary maternity patients up to 5th July, 1948, was 9. After that date, these outfits became a "free issue" to all maternity patients as part of the National Health Service, and between the date referred to and the end of the year the number of outfits supplied by the Council was 846.

#### HOME NURSING.

On 5th July, 1948, as has been pointed out above, the County Council became responsible for providing a domiciliary nursing service. As part of the Council's proposals under the National Health Service Act, 1946, all district nurses hitherto employed by local District Nursing Associations were transferred to the staff of the Public Health Department. From 5th July, 1948, to the end of the year the district nurses carried out 68,094 domiciliary nursing visits to cases of illness, quite apart from the numerous other visits carried out by them as midwives and as Health Visitors.

## HEALTH VISITING.

Under the National Health Service Act, 1946, the functions of the Health Visitor were much increased. Hitherto her work had been very largely confined to the care of infants and young children in the home, and to the closely related work carried on in Infant Welfare Centres. This was her primary function, although many Health Visitors also undertook other duties such as those in relation to tuberculosis and mental deficiency. Under the new Act, the Health Visitor is to give advice as to "the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection."

The general effect of Section 24 (1) of the new Act is, indeed, to convert the Health Visitor into the general health adviser of the family in a very complete sense, and her potentialities in regard to the promotion of health and the prevention of disease in the family are very greatly increased. But if the opportunity implicit in this new situation is to be taken in the fullest sense (and the possibilities are great) one thing is quite essential: the Health Visitor must not only be properly and highly trained for her specialised work, but her training in technical matters must be also maintained and developed continually throughout her career. For this aspect of the matter special provision is being developed by the Council under the new Act.

There has been some discussion as to whether Health Visiting should be carried out by full-time Health Visitors or by district nurses doing this work combined with domiciliary midwifery and nursing. It appears that there are points in favour of each of these methods, and it is clear that there is much to be said for trying out each method in different types of area during the present formative period. But it is also clear that the method adopted will depend very largely on the type of area. In the three larger Boroughs of Maidenhead, Newbury and Windsor, and in a few other urban areas of the county, full-time Health Visitors are employed. But Berkshire is largely rural, and the "combined" system has been largely developed, so that most of the Health Visitors in the county are district nurses. This has many advantages under rural conditions. In particular, there is only one visitor who covers almost all "nursing" and "health" purposes, and in a rural county the question of travelling alone requires that the number of different types of staff working the same area shall be cut to the minimum. In addition, the Health Visitor doing "combined" work has the *entrée* to the family in a very full sense and is able to assess at their true value all the many factors that may bear upon the health of the family. Not least, there is no break between the Midwife and Health Visitor stages as far as the infant and mother are concerned. Nevertheless, this system is only satisfactory when certain conditions are fulfilled: (a) the nurse concerned must be highly qualified if she is to do combined work with safety; (b) she must have a small enough area; (c) she must be able to obtain consultation with, and assistance from, senior staff when necessary, and (d) there are some types of work such as that in connection with certain types of infection, that will have to be dealt with by other staff. These considerations are given every importance in the Council's proposals for Health Visiting under the National Health Service Act, 1946, and it is intended that all district nurses doing the combined duties shall hold the Health Visitors' Certificate, and to all of them consultation with, and assistance from, the Superintendent and her Assistants are available at all times.



The numbers of visits paid by Health Visitors during 1948 were as follows :—

	<i>1st January to 4th July.</i>	<i>5th July to 31st December.</i>
Visits to children under one year ...	14,079	16,270*
"    "    "    between one and five years           ...   ...   ...	15,138	17,683*

\* The figures since 5th July include also those for the Boroughs of Maidenhead, Newbury and Windsor who had provided their own Health Visitors previous to that date as independent Welfare Authorities under Section 200 of the Public Health Act, 1936. The National Health Service Act, 1946, made the County Council (as Local Health Authority) Welfare Authority for the whole county area.

The Council continued to provide in 1948 *training scholarships for Health Visitors*, and one candidate was accepted during the year.

#### SPECIAL CARE OF PREMATURE INFANTS.

The criterion of prematurity is now "an infant weighing  $5\frac{1}{2}$  pounds or less at birth" and all such births are specially notified to the County Medical Officer of Health by the midwife. Midwives are required to give special care to all such infants, and to obtain the assistance of the Superintendent or of her Assistants. In the Public Health Department there is provided a number of special cots for the nursing of such infants in their own homes, and also special baskets that can be heated for transport of the infant to hospital when this is necessary. 190 premature infants were born during the year to women normally resident in the County. Statistics relating to these births are given in the following table (*the figures in brackets relate to the period 5th July to 31st December, 1948*) :—

(1) Number born at home ... ..	82	(53)
(a) Number born at home and nursed entirely at home ... ..	57	(38)
(b) Number of those born at home and nursed entirely at home :		
(i) who died during the first 24 hours ...	6	(4)
(ii) who survived at the end of one month ...	50	(34)
(c) Number of those born at home and removed to Hospital ... ..	25	(15)
(d) Number of those born at home and removed to Hospital :		
(i) who died during the first 24 hours ...	4	(2)
(ii) who survived at the end of one month ...	19	(12)
(2) Number born in Hospital ... ..	102	(58)
(a) Number of those born in Hospital :		
(i) who died during the first 24 hours ...	5	(1)
(ii) who survived at the end of one month ...	90	(51)
(3) Number born in Nursing Homes ... ..	6	(3)
(a) Number of those born in Nursing Homes :		
(i) who died during the first 24 hours ...	1	(1)
(ii) who survived at the end of one month ...	5	(2)

## NOTIFICATION OF BIRTHS.

The number of births notified under Section 203 of the Public Health Act, 1936, from the beginning of the year to 5th July, 1948, was 1,408, this figure not including the births notified during the same period in the Boroughs of Maidenhead, Newbury and New Windsor. The number of births notified from 5th July to the end of the year was 2,005, and the latter figure includes the births notified in the three Boroughs, the County Council having become from 5th July, 1948, under the National Health Service Act, 1946, Welfare Authority for the whole county.

Births are notifiable under the Public Health Act, 1936, by the father of the child *and* any person in attendance during the confinement or within six hours after the birth. It follows that the midwife should always notify a birth at which she is in attendance, and if this procedure is followed the vast majority of births are notified. Even so, births are also checked by exchange of information with the Registrar of Births and Deaths, who independently receives particulars of each birth, since each birth must be registered as well as notified. It is on the basis of the information received through notification of births (checked by registration) that the work of the Health Visitor is brought into operation. It is important to bear in mind that the home visiting of infants and young children by Health Visitors remains the foundation, and the most important part, of the Child Welfare work of local authorities. It will be appreciated that this work (based on the notification of births) has additional importance in securing that every child is vaccinated against smallpox, and immunised against diphtheria.

## NURSING HOMES.

At December 31st, 1948, there were 28 registered Nursing Homes in the county, compared with 33 at the end of 1947. Of these, 10 undertook general medical and surgical work, 8 admitted maternity cases only, and the remainder provided for the nursing of either convalescent or senile patients.

## CHILD LIFE PROTECTION.

At December 31st, 1948, there were 76 persons undertaking for reward the maintenance and care of 230 children under the age of nine years apart from their parents or having no parents. All such boarded-out children are visited at regular intervals by Health Visitors. The standard of care and attention given to boarded-out children by foster-parents has been satisfactory.

## AMBULANCE SERVICE.

Under the proposals of the Council under the National Health Service Act, 1946, the ambulance service of the county is constructed very largely on the basis of the already existing ambulance stations of voluntary associations or of local voluntary committees that have for many years provided such a service. The amount of voluntary ambulance work in Berkshire has always been above the average, and the two major voluntary organisations (the St. John Ambulance Brigade and the British Red Cross Society) have been well developed. It was considered essential to conserve as far as possible in the future the high standard of voluntary work that had been built up, since it was apparent that ambulance work was a sphere of activity in which such work is of special value, particularly in regard to the maintenance of

a high standard of first-aid training. It was also sought to provide in the Council's scheme to create conditions in which the development of the voluntary associations might be encouraged as far as possible. In addition to the stations already referred to, the Maidenhead ambulance station that had been provided by the Maidenhead Borough Council was taken over by the County Council. The ambulance stations at Didcot, Newbury, Bracknell and Windsor, together with the Maidenhead station just referred to, were constituted Main Stations, and additions to the full-time paid staff were made at these stations, as far as this was necessary in order to provide a sufficient cover for the main centres of population, and so as to provide reinforcement when required for the more rural areas that continued to be served primarily by the smaller stations. At Bracknell, Didcot and Windsor (St. John Ambulance Brigade) and at Newbury (British Red Cross Society) a senior officer of the association was appointed Station Officer, and full-time paid staff were appointed from the membership of, and in consultation with, the association immediately concerned. The organisation and general administration of the service is based on the Public Health Department, to the staff of which a County Ambulance Officer has been appointed.

It was also provided that the areas immediately adjacent to Reading and Oxford respectively should be served by the ambulance service of the corresponding County Borough.

The ambulance stations, the voluntary associations or Committees concerned, and the numbers of vehicles at each station, are as follows :—

<i>Station.</i>	<i>Voluntary Association or Committee.</i>			<i>Number of ambulance vehicles.</i>
Abingdon	...	Local Voluntary Committee	...	2
Bracknell	...	St. John Ambulance Brigade	...	2
Cookham	...	St. John Ambulance Brigade	...	1
Crowthorne	...	British Red Cross Society	...	1
Didcot ...	...	St. John Ambulance Brigade	...	3
Faringdon	...	Local Voluntary Committee	...	1
Hungerford	...	St. John Ambulance Brigade	...	1
Lambourn	...	Local Voluntary Committee	...	1
Maidenhead	...	(County Council Station)	...	2
Maidenhead	...	St. John Ambulance Brigade	...	1
Newbury	...	British Red Cross Society	...	2
Thatcham	...	Local Voluntary Committee	...	1*
Wallingford	...	British Red Cross Society	...	1
Wantage	...	Local Voluntary Committee	...	1
Windsor	...	St. John Ambulance Brigade	...	2
Wokingham	...	St. John Ambulance Brigade	...	1

\* Ambulance vehicle of the British Red Cross Society.

The vehicles in use were those of the voluntary associations or local voluntary committees concerned, but it was intended that these should be replaced by the County Council as they became obsolescent. Through the good offices of the County Commissioner of the St. John Ambulance Brigade three spare vehicles were made available to cover the initial period. The County Council became responsible for all the necessary expenditure of maintaining the service, and a system of subsistence allowances for members of the two voluntary associations was agreed with those associations.



The Council also took over the ambulances stationed at the Isolation Hospitals of Abingdon and Maidenhead, the ambulance drivers being joint appointments with the Hospital Management Committees, since the men concerned were engaged on hospital duties when not on ambulance work. It was decided that these vehicles should continue to be used, as far as possible, for cases of infectious disease only.

One car for sitting cases at Abingdon was retained, but the service for sitting cases was provided almost entirely by the voluntary Hospital Car Service, which is considered below.

Maintenance facilities for vehicles continued to be provided for the time being through selected local garages, although a good deal of routine work became the responsibility of full-time staff, and consideration of the question of some kind of central maintenance depot, possibly jointly with another service, was envisaged.

The numbers of cases dealt with from 5th July to 31st December, 1948, and the mileages concerned, were as follows :—

*Mileage and types of case dealt with for each Ambulance Station during the period 5th July to 31st December, 1948.*

Station.	No. of Patients.	Type of Case.					Total Mileage involved.
		Illness (Urgent).	Illness (Not Urgent).	Accident.	Maternity.	Other.	
Abingdon ...	670	51	343	64	46	166	13,282
Bracknell ...	529	88	261	134	35	11	15,849
Cookham ...	5	1	2	—	1	1	83
Crowthorne	7	3	2	—	1	1	173
Didcot ...	1,129	192	763	94	62	18	28,127
Faringdon...	118	26	53	19	17	3	4,816
Hungerford	76	27	28	15	5	1	2,244
Lambourn	35	9	14	7	4	1	1,450
Maidenhead	1,215	133	640	102	67	273	5,036
Maidenhead (St. John)	178	41	115	10	6	6	5,862
Newbury ...	501	260	55	107	58	21	10,772
Thatcham...	69	20	20	11	7	11	1,911
Wallingford	200	26	115	26	19	14	4,540
Wantage ...	5	2	—	2	1	—	150
Windsor ...	860	129	464	61	79	127	10,517
Wokingham	252	57	103	31	22	39	4,715
INFECTIOUS DISEASE.							
Abingdon Isolation Hospital	245	26	219	—	—	—	6,507
Maidenhead Isolation Hospital	290	114	176	—	—	—	4,466
TOTALS ...	6,384	1,205	3,373	683	430	693	120,500

## HOSPITAL CAR SERVICE.

Transport for sitting cases was provided almost entirely through the voluntary Hospital Car Service that had been built up during the war as the Volunteer Car Pool, and had continued to function since that time. In Berkshire this service was organised by the office of the British Red Cross Society in Reading, together with certain local Organisers of the Society out in the county, and this system was continued, the County Council becoming financially responsible for the payments to volunteer drivers at the rate of sixpence a mile, and sharing with Reading Borough Council the central administrative costs.

It was apparent that the service for sitting cases would require close supervision and control if it was to be restricted to the needs of really "necessary" cases. With this in view, a special form of medical certificate was introduced, and this stated that the patient concerned was unable, on account of ill-health, to travel by public transport. In addition, the special authorisation of the County Medical Officer was required in regard to all journeys exceeding an overall mileage of 75 miles, and for cases in which transport was not to or from a hospital. Even so, the mileage increased considerably during 1948, as the following figures show :—

<i>Month.</i>				<i>Mileage of Hospital Car Service for Berkshire cases.</i>	
				<i>Cases.</i>	<i>Miles.</i>
July (from 5th)	...	...	...	279	9,554
August ...	...	...	...	422	15,092
September	...	...	...	645	20,828
October	...	...	...	801	23,610
November	...	...	...	722	22,528
December	...	...	...	847	24,712
<i>Totals</i>				3,716	116,325

The Council's ambulance service as a whole functioned very smoothly between 5th July and 31st December, 1948, and was able to meet the demands made upon it. The number of voluntary drivers in the Hospital Car Service continued to be adequate in spite of the increased mileage, but it was clear towards the end of the year that the increase of work would probably require some increase of full-time staff at some of the ambulance stations, because of the difficulty of obtaining the services of sufficient volunteers during the day-time.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Under Section 28 of the National Health Service Act, 1946, a Local Health Authority "may with the approval of the Minister, and to such extent as the Minister may direct shall, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons." Under Ministry of Health Circular 118/47 of 10th July, 1947, the Minister confined his direction under this Section of the Act to the prevention of tuberculosis and the care and after-care of persons suffering from tuberculosis. Under this Section, indeed, County Councils and County Borough Councils (now as Local Health Authorities) continued, and in some cases developed or planned to develop, their existing arrangements for the prevention of tuberculosis and the care of persons suffering from the disease. Thus, the Berkshire County Council

continued to provide Health Visitors for the special visiting of domiciliary cases of tuberculosis and such Health Visitors were required, under the Council's proposals under the Act, to "concern themselves with all matters relating to the welfare of such patients and their families" and it was also provided that they should "concern themselves particularly with all measures which can be taken to prevent tuberculosis in the family of the patient." It was also provided that tuberculous patients should be supplied, where necessary, with beds, bedding and nursing requisites (see below) and the supply of outdoor shelters was to be continued, as well as the facilities for the supply of extra nourishment.

The proposals of the Council under this head laid down that it would provide, should the need arise, either itself or by entering into agreement with a voluntary body, workshops, settlements or hostels for certain cases of tuberculosis. In practice, this requirement has so far been met by continuing to send suitable cases to the Village Settlements of Papworth or Preston Hall. The question of having a workshop providing sheltered employment for tuberculous persons in Reading, to serve the County Borough and the surrounding area of the County, was discussed, but it became clear that a very large urban area would probably be required to provide a sufficient number of really suitable cases, and that the problem of transport would make it difficult to drain a large enough area in the surrounding and more rural parts.

In April, 1948, a mass miniature radiography unit was made available for the Berkshire and Reading area. The County Council made provision in estimates for its share of the cost, but it subsequently transpired that such units were to be provided by Regional Hospital Boards under the National Health Service Act; the unit in question came under the Oxford Board, and it was thus made available for a larger area in the Oxford Hospital Region. There is no doubt that these units, by the discovery of the infective case, can make a big impression on the prevention of tuberculosis, although the most effective mode of use of such units is still to be decided, and the operation of the particular unit referred to should provide valuable information on this point.

The other agent to which we may look for advancement in the prevention of tuberculosis is B.C.G. vaccination. Experience in the Scandinavian countries, in particular, seems to have shown that this method is safe in careful hands, and that it can effect a significant rise in the immunity to tuberculosis of susceptible persons, and that the incidence of the disease can be thereby markedly reduced.

While these newer methods are being developed, there should be no relaxation of effort in regard to the established means of prevention. Of special importance in this respect are: (a) the examination and supervision of contacts and the tracing, wherever possible and by all means, of the source of infection in each case, as well as (b) the prevention of spread of the infection, particularly in the patient's home, by the teaching of a sound regimen to the patient and his family. Much more can be done in this way than is generally appreciated, and in regard to the methods referred to in this paragraph the Tuberculosis Health Visitor has a function of the very greatest importance.

The medical staff of the County Council who had long operated the Council's tuberculosis service were transferred to the Regional Hospital



Boards under the National Health Service Act, and the familiar Tuberculosis Officer, who had long dealt with tubercle as an entity, was absorbed into the larger context of chest medicine. There were certainly both advantages and disadvantages in this change, and the important effects of it have yet to be discerned. Meanwhile, provision was made for the retention on the County Council's staff of part of the services of the former Tuberculosis Officer (Dr. D. Kemp) on a "joint appointment" basis with the Regional Hospital Board, so that there should remain some continuity between the two aspects of tuberculosis, prevention and cure. It is commonly said that the former is to be preferred to the latter, but for the moment, at least, there seems a danger that this important principle may fall somewhat into the background in face of the more immediately dazzling achievements of purely therapeutic weapons.

#### PROVISION OF NURSING EQUIPMENT.

Arrangements were made by the Council, under the National Health Service Act, 1946, for the supply of nursing equipment for domiciliary cases though the existing nursing depots of the British Red Cross Society and the St. John Ambulance Brigade, and a basis of charges was adopted, each article being issued through the Home Nurse.

#### AFTER-CARE OF PERSONS DISCHARGED FROM HOSPITAL.

The proposals of the Council under the National Health Service Act provide that any necessary care shall be provided for "persons discharged from hospital or other invalids," the intention being that these arrangements should be carried out, in general, by Health Visitors. During the latter part of the year the details of the methods to be adopted by hospitals in regard to this were under discussion. It was provided also that similar work should be carried out by the staff of the Council in regard to the follow-up, when necessary, of contacts of cases of venereal disease.

#### ADMISSION TO HOSPITAL OF THE INFIRM AGED AND CHRONIC SICK.

At 5th July, 1948, when the former Public Assistance Institutions were taken over by Regional Hospital Boards under the National Health Service Act, the shortage of hospital beds for the infirm aged and the chronic sick was serious. The demands on the hospital service were increased by the coming into operation of the new Act, and the shortage referred to was, if anything, accentuated. Arrangements were therefore made for Medical Officers of Health of Local Health Authorities to investigate the circumstances of these cases, in order that there might be some degree of selection of the relatively more urgent ones, and so that beds should go to those most in need of them. Large numbers of cases of this kind have been dealt with by the Public Health Department between 5th July, 1948 and the end of the year.

#### PREVENTION OF ILLNESS GENERALLY.

This function under Section 28 of the National Health Service Act, 1946 is potentially the most important of all the functions of the Local Health Authority. This is largely a matter of future planning and development, no doubt on very tentative lines to begin with. Meanwhile, two things must be borne in mind: (a) the staff of the Council's Health Department already carries out a volume of preventive work that is large in aggregate, though each component part be small, and (b) future developments in this field must envisage close co-operation between all those most concerned, in particular, between the staff of the Council and the medical practitioner.

## HEALTH EDUCATION.

The Council continued to support throughout the year the Central Council for Health Education and the Royal Society for the Prevention of Accidents. Health Education is best conducted: (a) in the homes of the people through Health Visitors, and (b) for the future citizen, through the school; these must remain the main methods, and the best results will be obtained by the intensive cultivation of these two fields. This should be one of the most important functions of the Local Health Authority.

## DOMESTIC HELP SERVICE.

The arrangements for the provision of Domestic Helps in cases of illness or confinement that were adopted by the Council in July, 1946 were continued during 1948, and were further developed following the coming into operation on 5th July, 1948, of the National Health Service Act, 1946. It was emphasized in the last Report that in a rural county, in general, the number of cases requiring this service at a particular time in a given centre of population is rarely sufficient to need the services of a whole-time Domestic Help; at another time, in the same area, the need may be in excess of the need to satisfy it. In addition, the need for residential Domestic Helps is exceptional and, in a county with few large centres of population, the extent to which daily Domestic Helps can travel to cases is very limited. It has been found, indeed, that the best policy in a county like Berkshire is to try to build up a panel of women who are prepared to be called upon from time to time if and when cases arise within a reasonable distance of their own residence. By the end of 1948 a panel of 67 had been built up in the County.

It was expected that there would be a marked tendency for the demand for this service to increase following the coming into effect of the National Health Service Act. In this connection the experience gained before 5th July, 1948, was valuable. A strict system of control had been in use. It was clear that a service of this kind is at any time liable to abuse in the absence of close control. On the other hand, it is a service of considerable value when indicated on genuine medical grounds (and when the family concerned, together with its available relatives, is genuinely unable to help itself). It will also be appreciated that the Domestic Help Service relieves the pressure on maternity beds in hospitals, and also reduces the demand on the Council for accommodation for the aged under the National Assistance Act, as well as reducing the demand on beds for the chronic sick, for an old person "kept going," however gently, in his or her own home is often enabled to postpone the onset of the incapacity that comes all too easily with age. With a view to providing these benefits for the genuine and suitable case as well as avoiding the use of Domestic Helps in unsuitable cases, the arrangements for control in the Public Health Department require that each application, when completed in all necessary detail, must be accompanied by a medical certificate, and is then approved for acceptance by a medical officer, who always gets into direct touch with the medical practitioner concerned if the details of the certificate are not clear, or if any other particulars seem desirable in order to establish the need of the case.

The number of new cases accepted during 1946 and 1947 had been 12 and 43 respectively. The number of cases accepted during 1948 was 154, of which 32 were accepted before, and 122 after, 5th July, 1948. The number of cases still being provided for on 31st December was 49. After 5th July, the figures include cases in the Boroughs of Maidenhead, Newbury and Windsor.



## MENTAL HEALTH.

Under the National Health Service Act the Council has constituted a Mental Health Sub-Committee consisting of six members of the Council and three members to be co-opted on account of their special interest in the work for which the Sub-Committee is to be responsible. Five meetings were held during the year, three of these after the 4th July.

In the administration of the service the County Medical Officer is assisted by :—

A Senior Assistant Medical Officer (who is also Senior Assistant School Medical Officer).

A Psychiatric Social Worker.

Seven Duly Authorised and Welfare Officers.

In addition, it was provided that psychiatric specialists of the Regional Hospital Board should be called in for purposes of consultation, when necessary, in regard to cases of mental deficiency or mental illness, and a proportion of the time of the Council's Assistant School Medical Officers was allocated to the case-work of the service.

The Psychiatric Social Worker was to be a joint appointment with the Regional Hospital Board. The work involved in this appointment falls mainly under two heads : (a) patients discharged from mental hospitals ; the period immediately following discharge is a period " on trial," during which the patient is the legal responsibility of the mental hospital, but there is no doubt that it is desirable in many cases that supervision by the Psychiatric Social Worker should be *maintained*, with visits at perhaps less frequent intervals than during the " on trial " period, in order that relapse may be prevented by suitable advice or action when this is possible, or at least foreseen even if not preventible ; (b) patients requiring psychiatric observation following discharge from the Services, and cases referred for such observation from other sources ; these have been the concern of the field staff of the National Council for Mental Health, but this body discontinued its peripheral organisation shortly after the National Health Service Act came into operation, because the work involved was made by that Act the responsibility of the Local Health Authorities. In view of these considerations, it is clear that the appointment of Psychiatric Social Worker should be subject to the principle of joint appointment between the two Authorities concerned, if only to ensure continuity of supervision in regard to the patients discharged from mental hospitals. It is also apparent that those doing this difficult work should be specially and adequately trained for it, and that the qualified Psychiatric Social Worker is necessary for the purpose. Unfortunately such workers are at present available in small numbers only, and it must be some considerable time before the training facilities can fully meet the need. Indeed, it did not prove possible by the end of 1948 for a joint appointment to be made, although the services of the single worker then on the staff of the County Mental Hospital were made available for special cases through the good offices of that hospital, pending the making of the intended joint appointment.

In regard to the seven Duly Authorised Officers, the County was divided into areas, one to each officer. The (equivalent of) two was allocated to welfare duties under the National Assistance Act ; this made possible the system of seven areas, rather than five as would have been necessary otherwise, and this arrangement facilitated the question of travelling and of relief duties and was relatively economical in regard to these two matters.

Qualified Home Teachers, like Psychiatric Social Workers, are available in small numbers only, and training facilities are also very limited, and it was not possible to fill this appointment by the end of the year, although the appointment is provided for under the proposals of the Council.

No duties were delegated to voluntary organisations but it was provided that the Council should subscribe to the National Association for Mental Health, and should avail itself of the services of that organisation as and when this should be required.

The work of prevention, care and after-care under Section 28 of the Act was undertaken, on the lines indicated above, by the Psychiatric Social Worker and by the Duly Authorised Officers.

#### LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

During the period 5th July to 31st December, 1948, the Duly Authorised Officers dealt with the admission to hospital of 65 cases under these Acts, and these cases fell into the following categories :—

<i>Certified.</i>	<i>Temporary.</i>	<i>Voluntary.</i>
48	—	17

In addition, advice was given in many cases in which hospital care was not found to be necessary.

#### MENTAL DEFICIENCY ACTS, 1913-1938.

The number of new cases ascertained during the year was 53, of which 29 were dealt with after 4th July, 1948; 36 of the total ascertained cases were notified to the Authority under the Education Act.

On 31st December, 1948, the numbers of ascertained cases under the Authority, in various categories, were as follows :—

In certified institutions	...	...	...	276
Under Guardianship	...	...	...	8
Under Statutory Supervision	...	...	...	161
Under Voluntary Supervision	...	...	...	69
				514

Cases awaiting institutional care (included in the above) at 31st December, 1948, were :—

<i>Males.</i>	<i>Females.</i>	<i>TOTAL.</i>
16	29	45

These cases, in order of urgency, were :—

	<i>Males.</i>	<i>Females.</i>
Very Urgent	...	5
Urgent	...	6
Others	...	5
		16
		29

The last table illustrates the very great shortage of available institutional beds for these cases, a situation which continues to be nation-wide and very serious.

Supervision continued to be carried out by the Council's Health Visitors, and the Duly Authorised Officers performed this work in relation to some of the male cases. The great majority of mental defectives were visited quarterly, and reports were submitted in respect of each visit.



In regard to Training, the Council has not yet made arrangements for providing any Training Centres for mental defectives, but it is intended that the Home Teacher shall be engaged on this work. In addition, the Council has arrangements under which patients attend the Occupation Centres in Reading and Slough, and the British Red Cross Society in Berkshire carries out a considerable amount of occupational work in the homes of patients of all kinds, including mental defectives, and this added very considerably to the facilities available.

#### HEALTH CENTRES.

The activities of Local Health Authorities in regard to the provision of Health Centres under Section 23 of the National Health Service Act, 1946, were largely in abeyance during 1948. At the end of the year, the County Council was examining the proposal to use the Faringdon Cottage Hospital as a Health Centre, and discussions on the question were begun with local medical practitioners, but no decision had been reached by the end of the year.

#### HOSPITAL SERVICES.

On 5th July, 1948, the hospitals of the country, whether voluntary hospitals or those of local authorities, were transferred to, and vested in, the Minister of Health, in order that he might discharge his duty, under Section 3 of the National Health Service Act, 1946, to provide hospital and specialist services "to such extent as he considers necessary to meet all reasonable requirements." It should be borne in mind, in particular, that the hospitals transferred included *hospitals for infectious disease, sanatoria, and mental hospitals*. Almost all the hospitals under these latter heads had been provided hitherto by local authorities. Many such authorities had also provided *maternity hospitals* and these also passed to the Minister of Health. These changes formed the chief part of a process that had as its object the unification of all institutional medical diagnosis and treatment into a single hospital service for which the Minister of Health was made directly responsible. On the other side of the new division of functions lay the preventive health services, and certain domiciliary health services (in particular, domiciliary nursing and midwifery), which became main functions of the County and County Borough Councils as Local Health Authorities. Other services to pass from local authorities to the Minister under this broad principle included the *Tuberculous Dispensaries* and the *Venereal Disease Clinics*.

The County Council had, for some years, made the maximum possible grant to the hospitals of the County under Section 181 (3) of the Public Health Act, 1936, and this was continued up to 1st April, 1948.

The hospitals under the new service were divided up into Regions, each of the latter having a university as centre. Most of Berks fell into the Oxford Region, but the eastern end of the County (the Boroughs of Maidenhead and New Windsor, and the Rural Districts of Cookham, Easthampstead and Windsor) fell into the North-West Metropolitan Hospital Region. The Oxford Region was fortunate in that the Berks, Bucks and Oxon Regional Hospitals Council had been in existence for some years and had developed considerably the planning of the hospital services of the area, and in this work members of the County Council had played an active part. Broadly speaking, under the new order, the planning of the hospital services becomes the function of the newly constituted Regional Hospital Boards, and the day-to-day management of the hospitals becomes that of the Hospital Management Committees, each of the latter being responsible for a group of hospitals, and it is the intention that House Committees shall be constituted for each individual hospital.

TABLE X.  
NOTIFICATIONS OF INFECTIOUS DISEASE, 1948.

DISEASES NOTIFIED.	Cases notified in Urban Districts.							Cases notified in Rural Districts.													
	Abingdon Borough	Maldenhead Borough.	Newbury Borough.	New Windsor Borough.	Wallingford Borough.	Wantage.	Wokingham Borough.	Total Urban Districts.	Abingdon.	Bradfield.	Cookham.	Easthampstead.	Farlington.	Hungerford.	Newbury.	Wallingford.	Wantage.	Windsor.	Wokingham.	Total Rural Districts.	Total County.
1 Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 Diphtheria and Membranous Croup	3	6	—	—	—	—	—	—	7	8	1	1	—	—	—	—	—	1	1	1	2
3 Erysipelas	11	13	6	15	1	6	3	54	20	18	6	9	26	3	1	5	9	13	8	30	48
4 Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6 Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7 Puerperal Pyrexia	1	6	8	3	—	1	—	19	—	1	—	—	—	2	2	—	—	—	1	6	25
8 Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	2	—	—	—	—	1	1	—	—	—	—	3	3
9 Poliomyelitis	—	2	1	1	—	—	2	6	4	—	1	2	—	1	1	—	—	—	1	10	16
10 Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11 Ophthalmia Neonatorum	—	7	2	—	—	—	1	10	1	—	—	—	—	—	—	1	—	3	1	6	16
12 Pneumonia	8	8	4	1	2	—	9	32	9	28	11	12	2	12	3	—	5	1	26	109	141
13 Dysentery	44	—	—	—	—	—	4	48	3	2	—	7	2	1	—	5	—	—	2	22	70
14 Pulmonary Tuberculosis	22	35	11	33	2	8	8	119	25	11	13	18	18	14	12	13	15	7	29	175	294
15 Tuberculosis other than Pulmonary	3	4	1	5	2	—	—	15	7	5	8	4	6	2	3	8	6	4	14	67	82
16 Encephalitis Lethargica	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
17 Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18 Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19 Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20 Measles	37	186	428	90	127	2	78	948	205	176	39	43	139	135	149	134	98	72	259	1,449	2,397
21 Whooping Cough	12	127	23	48	9	17	9	245	108	103	57	34	68	25	23	21	13	19	53	524	769
Totals	141	394	484	200	143	35	118	1515	391	352	136	130	261	202	194	187	146	121	423	2,543	4,058

TABLE XI.

## EPIDEMIC MORTALITY DURING TEN YEARS 1939-1948.

			NUMBER OF DEATHS.						
			Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Enteric Fever.	Diarrhoea.
URBAN DISTRICTS.									
1	Abingdon Borough	...	—	—	—	—	1	—	4
2	Maidenhead Borough	...	—	3	3	9	1	—	11
3	Newbury Borough	...	—	2	—	1	—	—	5
4	New Windsor Borough	...	—	1	—	—	4	1	13
5	Wallingford Borough	...	—	—	—	1	—	—	4
6	Wantage	...	—	—	—	1	—	—	1
7	Wokingham Borough	...	—	—	—	2	—	1	5
RURAL DISTRICTS.									
1	Abingdon	...	—	—	2	2	6	—	7
2	Bradfield	...	—	2	1	1	3	1	11
3	Cookham	...	—	—	—	1	3	—	8
4	Easthampstead	...	—	—	—	2	—	1	9
5	Faringdon	...	—	—	—	—	1	—	8
6	Hungerford	...	—	—	—	3	1	—	3
7	Newbury	...	—	1	—	2	4	—	6
8	Wallingford	...	—	2	—	4	2	—	3
9	Wantage	...	—	1	—	—	3	—	—
10	Windsor	...	—	2	—	—	1	1	10
11	Wokingham	...	—	2	—	4	11	—	8
Urban Districts			—	6	3	14	6	2	43
Rural Districts			—	10	3	19	35	3	73
County ...			—	16	6	33	41	5	116

TABLE XII.—CAUSES OF, AND AGES AT, DEATH, 1948.

## ADMINISTRATIVE COUNTY OF BERKS.

CAUSE OF DEATH.	Net Deaths at the subjoined Ages of "Residents," whether occurring within or without the County.						
	All ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and upwards.
Typhoid and paratyphoid fevers ... ..	1	—	—	—	—	1	—
Cerebro-spinal fever ... ..	—	—	—	—	—	—	—
Scarlet fever ... ..	—	—	—	—	—	—	—
Whooping cough ... ..	—	—	—	—	—	—	—
Diphtheria ... ..	—	—	—	—	—	—	—
Tuberculosis of respiratory system ... ..	87	—	—	2	48	30	7
Other forms of tuberculosis... ..	12	1	3	2	4	1	1
Syphilitic diseases ... ..	11	1	—	—	—	6	4
Influenza ... ..	11	—	—	1	1	—	9
Measles ... ..	1	—	1	—	—	—	—
Acute poliomyelitis and polioencephalitis ... ..	4	—	—	1	2	1	—
Acute infectious encephalitis ... ..	4	—	—	—	2	2	—
Cancer of buccal cavity and oesophagus (M) uterus (F) ... ..	40	—	—	—	1	12	27
Cancer of stomach and duodenum ... ..	87	—	—	—	1	30	56
Cancer of breast ... ..	56	—	—	—	4	26	26
Cancer of all other sites ... ..	318	—	1	—	16	118	183
Diabetes ... ..	22	—	—	—	2	7	13
Intra cranial vascular lesions ... ..	315	—	—	—	8	78	269
Heart disease... ..	765	—	—	2	16	119	628
Other disease of circulatory system ... ..	114	—	—	—	1	19	94
Bronchitis ... ..	106	1	—	1	1	15	88
Pneumonia ... ..	95	15	5	—	8	15	52
Other respiratory diseases ... ..	31	1	—	—	5	10	15
Uleer of stomach or duodenum ... ..	25	—	—	—	1	5	19
Diarrhoea under two years ... ..	5	5	—	—	—	—	—
Appendicitis ... ..	3	—	1	—	1	1	—
Other digestive diseases ... ..	33	3	—	1	3	5	21
Nephritis ... ..	51	—	—	—	6	16	29
Puerperal and post Abortion sepsis ... ..	1	—	—	—	1	—	—
Other maternal causes ... ..	2	—	—	—	2	—	—
Premature birth ... ..	33	33	—	—	—	—	—
Congenital malformation, birth injuries, infantile diseases ... ..	45	39	3	—	2	1	—
Suicide ... ..	20	—	—	—	5	12	3
Road traffic accidents ... ..	33	—	1	3	13	10	6
Other violent causes... ..	49	8	2	1	8	4	26
All other causes ... ..	296	9	3	7	28	23	226
All causes ... ..	2,716	116	20	21	190	567	1,802







TABLE XIV.—CAUSES OF, AND AGES AT, DEATH, 1948.

## RURAL DISTRICTS.

CAUSE OF DEATH.	Deaths belonging to all Rural Districts.							Deaths belonging to each District (at all ages).									
	All Ages.	Under 1 year	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and upwards.	Abingdon	Bradfield	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham
Typhoid and paratyphoid fevers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system ...	51	—	—	1	26	20	4	6	6	3	4	7	—	5	4	2	—
Other forms of tuberculosis ...	10	1	2	—	3	1	1	1	2	—	1	1	—	2	—	—	3
Syphilitic diseases ...	7	1	—	—	—	3	3	1	1	1	—	—	1	1	—	—	1
Influenza ...	3	—	—	1	—	—	2	—	—	—	1	—	—	—	1	—	—
Measles ...	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis and polioencephalitis ...	2	—	—	1	1	—	—	—	—	—	—	—	—	1	—	1	—
Acute infantile encephalitis ...	2	—	—	—	—	2	—	1	—	—	—	—	—	1	—	—	—
Cancer of buccal cavity and oesophagus (M)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
uterus (F) ...	31	—	—	—	1	10	20	—	2	5	4	2	—	3	4	2	7
Cancer of stomach and duodenum ...	57	—	—	—	—	19	38	—	14	4	6	7	2	3	4	2	11
Cancer of breast ...	35	—	—	—	3	19	13	6	5	3	8	1	—	1	2	2	5
Cancer of all other sites ...	193	—	1	—	8	74	110	26	18	15	28	10	13	23	7	10	30
Diabetes ...	13	—	—	—	2	2	9	2	1	—	1	—	1	—	—	—	6
Intra-cranial vascular lesions ...	239	—	—	—	7	52	180	30	25	16	20	12	14	26	10	24	49
Heart disease ...	497	—	—	2	11	83	401	33	60	35	64	28	32	37	34	43	92
Other diseases of circulatory system ...	63	—	—	—	1	9	53	7	12	4	4	2	4	3	5	3	13
Bronchitis ...	63	—	—	—	1	11	51	5	4	8	6	3	4	7	5	6	10
Pneumonia ...	57	7	2	—	7	8	33	6	9	3	5	2	5	4	2	5	11
Other respiratory diseases ...	21	1	—	—	2	7	11	1	4	4	4	1	—	1	1	3	1
Ulcer of stomach or duodenum ...	15	—	—	—	—	3	12	—	3	2	3	1	1	1	—	2	1
Diarrhoea under two years ...	5	5	—	—	—	—	—	—	—	1	2	1	—	1	—	—	—
Appendicitis ...	2	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Other digestive diseases ...	24	3	—	1	3	4	13	2	4	2	1	2	1	3	2	3	3
Nephritis ...	32	—	—	—	4	10	18	2	2	4	2	2	3	2	1	4	9
Puerperal and post abortion sepsis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other maternal causes ...	2	—	—	—	2	—	—	—	—	—	—	—	—	1	—	—	1
Premature birth ...	23	23	—	—	—	—	—	2	2	1	3	3	2	—	5	1	3
Congenital malformation, birth injuries,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
infantile diseases ...	29	24	3	—	1	1	—	4	1	2	3	—	1	4	3	2	8
Suicide ...	13	—	—	—	3	8	2	3	1	2	2	—	1	1	—	2	1
Road traffic accidents ...	21	—	1	2	9	6	3	3	3	1	1	—	—	2	—	—	7
Other violent causes ...	31	6	2	1	6	2	14	1	4	1	8	5	1	1	2	2	4
All other causes ...	183	6	2	2	17	10	146	25	21	6	28	14	9	13	17	11	27
All causes ...	1,725	77	15	13	119	364	1,137	169	204	123	209	105	95	141	118	130	313





## VENEREAL DISEASE.

On 5th July, 1948, Venereal Disease Clinics, that had been provided by County and County Borough Councils for many years under the Public Health (Venereal Diseases) Regulations, 1916, became the responsibility of the Minister of Health as part of the general hospital service. The Councils referred to also ceased, at the same time, to be responsible for providing for pathological tests in connection with the diagnosis of venereal disease, and for supplying to medical practitioners, for the treatment of venereal disease, approved arseno-benzol compounds.

The following figures show the numbers of cases dealt with during 1948 at the various Clinics serving the area of the County :—

					Royal Berks Hos- pital, Reading.	Radcliffe Infirmary, Oxford.	King Edward VII Hospital, Windsor.
<i>Number of cases seen for the first time in 1948</i> ...					176	135	134
<i>of which—</i>							
Cases of syphilis	...	...	...	...	24	32	23
„ gonorrhoea	...	...	...	...	17	19	17
Non-venereal cases	...	...	...	...	135	84	94
Total Attendances, 1948	...	...	...	...	882	1,095	1,185

## BLIND PERSONS ACT, 1920.

The reports of the Berkshire County Blind Society showed that, on 31st March, 1949, there were 402 persons on their register. 66 new cases were registered.

The total number of cases referred to certifying ophthalmic surgeons was 72 and, of these, 6 were certified as not being blind within the meaning of the Blind Persons Act, 1920. 58 of those certified as blind were over 60 years of age.

Three persons who had previously been certified as blind were removed from the register as the sight had improved so much that the cases no longer came under the definition of blind persons. 28 persons died, and 22 left the County to reside in other areas.

Home teachers continued their domiciliary visits to blind persons.

In July, 1947, the Council approved the making of substantial grants to the Berkshire County Blind Society in connection with the opening of Mortimer House, Mortimer, as a home for the reception of twenty blind persons—nine men and eleven women. The Home was opened on the 30th September, 1948.

## MILK SUPPLY.

The number of persons licensed during 1948 for the production of Tuberculin Tested Milk was 451, and for Accredited Milk 178.

THE FOOD AND DRUGS ACT, 1938, Section 25, empowers local authorities to take samples of milk consigned to their district from outside areas. If, on examination, any sample is found to contain tubercle bacilli, notice to this effect is sent to the medical officer of health of the area in which the milk was produced.

During the year notices were received from the following authorities :—

<i>Local Authority.</i>	<i>Number of samples containing tubercle bacilli.</i>
Borough of New Windsor ... ..	2
Reading County Borough ... ..	2
County of Middlesex ... ..	1

The milk from which these samples were taken was stated to have been produced in the following districts in the County :—

<i>Number of samples.</i>	<i>Number of samples.</i>
Bradfield R.D. ... .. 1	Windsor R.D. ... .. 1
Easthampstead R.D. ... .. 1	Wokingham R.D. ... .. 1
Cookham R.D. ... .. 1	

On receipt of such notices, information is forwarded to the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries, who makes any necessary investigations. The number of cows found to be suffering from tuberculosis as a result of these investigations was 6 ; and 3 cows had been disposed of for slaughter before investigations could be carried out.

The County Agricultural Instruction Department takes samples of milk for bacteriological examination at regular intervals, and undertakes a large amount of advisory work in connection with clean milk production.

Reports are also submitted to the Milk and Dairies Committee on the sanitary circumstances of premises where milk is produced.

The following table shows the number of visits made by the Agricultural Organiser's staff during 1948 :—

(a) Previous to granting a licence for the production of a designated milk ... ..	270
(b) After the granting of a licence for the production of a designated milk ... ..	274

Number of milk samples taken for bacteriological examination—

Tuberculin tested ... ..	2,423
Accredited ... ..	1,173

Number of samples submitted for investigation work (where trouble had to be traced) ... ..

Visits of advice apart from above ... ..	97
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